

Abstract

A Case of Pulmonary Hypertension and Left Vocal Cord Palsy in a Patient with Systemic Lupus Erythematosus

Do Young Kim, M.D., Jung Hoon Suh, M.D., Shin Myung Kang, M.D.,
Chang Oh Kim, M.D., Ho Guun Na, M.D., Joong Sun Kim, M.D.,
Jungsik Song, M.D., Yong Beom Park, M.D., Won Ki Lee, M.D.,
Hong Sik Choi, M.D.*, and Soo Kon Lee, M.D.

*Division of Rheumatology, Department of Internal Medicine,
Department of Otorhinolaryngology*, Yonsei University College of Medicine, Seoul, Korea*

There have been few case reports on the association of vocal cord palsy and pulmonary hypertension in a systemic lupus erythematosus (SLE) patient. Most cases had left vocal cord palsy caused by compression of left recurrent laryngeal nerve secondary to pulmonary hypertension, and only two cases in the literature were caused by vasculitis or inflammation of the right recurrent laryngeal nerve not related to pulmonary hypertension. Recently, we have experienced a 23-year-old female patient who presented hoarseness and multiple joint pain. She was diagnosed as SLE and left vocal cord palsy, and echocardiographic examination demonstrated enlargement of right atrium, right ventricle, and elevated right ventricular pressure (systolic pressure 47mmHg). She took high-dose glucocorticoid and calcium channel blocker. About one month later, there was sig-

< : 2000 3 7 , : 2000 8 11 >

:

134

Tel : 02) 361-5410, Fax : 02) 393-6884

nificant improvement of hoarseness, arthritis, and cardiomegaly, and showed improvement of the left vocal cord palsy on the laryngoscopic examination. We report a case of left vocal cord palsy and pulmonary hypertension accompanied by SLE who experienced improvement of hoarseness after steroid treatment.

Key Words : Vocal cord palsy, Pulmonary hypertension, Systemic lupus erythematosus

가 : 37.4 C, 68 / , 20 / , 120/70 mmHg .

가 : 1) 50 ~ 70%

2) 9 ~ 14%

2,3) 4)

5-7) 5,6) 7)

가 : 2,600/m²(43%, 20%, 33%), 9.8g/dl, 31%, 180,000/m²

가 : 7.6g/dl, 3.0g/dl, AST 56 IU/L, ALT 36 IU/L, alkaline phosphatase 84 IU/L, 0.5mg/dl, 14mg/dl, 1.2mg/dl (ESR) 58mm/hr, C- 2.65mg/dl(0.8mg/dl) prothrombin time 13.9sec(87%), activated partial thromboplastin time 39.5 sec(20~30 sec) . B

3 : 23 : (hoarseness) 5 , 3 : 3

5 : 332 IU/dl(20 IU/dl), C3 51mg /dl(45~86mg/dl), C4 28mg/dl(11~47mg/dl), CH50 24/ml, IgG 3160mg/dl(802~1760mg/dl), IgA 190mg/dl(93-445mg/dl), IgM 470mg/dl(95~280mg/dl)

(salivary scintigraphy)

olipin 가

prostacyclin ,⁹⁾ 가

가(47mmHg)

(3), ,¹⁰⁾ .

:

prednisolone (1mg/kg/day)

nifedipine (30mg/day)

(

4). prednisolone 15mg nifedip

ine 30mg

⁴⁾ .

(hoarseness)

가

50 ~ 70%

(arytenoiditis),

(cric arytenoid joint arthritis),⁷⁾

⁵⁻⁷⁾ .

가

9 ~ 14%

^{5,6)} ,

가

²⁾ .

⁷⁾ .

가

Winslow

가

가

³⁾ .

(ligamentum arteriosum)

⁶⁾ .

가 가

³⁾ .

가

가

⁶⁾ .

가

2

가

가

cardi

⁷⁾ .

olipin

⁸⁾

cardi

가
가
,
가 가
,
, prostacyclin, prostaglandin E1,
,
,

가 30%

¹²⁾ Shinohara

diltiazem

¹³⁾

warfarin

³⁾

prostacyclin

prostaglandin E1

가

¹⁴⁾

가

¹⁵⁾

2

50%

²⁾

REFERENCES

1) Benedek TG. Historical background of discoid and systemic lupus erythematosus. In: Wal-

lace DJ, Hahn BH, editors. Dubois' lupus erythematosus. 5th ed. Baltimore: Williams & Wilkins; 1997. p. 3-16.

2) Orens JB, Martinez FJ, Lynch JP 3rd. Pleuropulmonary manifestations of systemic lupus erythematosus. Rheum Dis Clin North Am 1994;20:159-93.

3) Winslow TM, Ossipov MA, Fawio GP, Simonson JS, Redberg RF, Schiller NB. Five-year follow-up study of the prevalence and progression of pulmonary hypertension in systemic lupus erythematosus. Am Heart J 1995;129:510-15.

4) Teitel AD, Mackenzie R, Stern R, Paget SA. Laryngeal involvement in systemic lupus erythematosus. Semin Arthritis Rheum 1992;22:203-14.

5) Asherson RA, Mackworth Young CG, Boey ML et al. Pulmonary hypertension in systemic lupus erythematosus. Br Med J 1983;287:1024-5.

6) Aszkenasy OM, Clarke TJ, Hickling P, Marshall AJ. Systemic lupus erythematosus, pulmonary hypertension, and left recurrent laryngeal nerve palsy. Ann Rheum Dis 1987;46:246-7.

7) Gordon T, Dunn EC. Systemic lupus erythematosus and right recurrent laryngeal nerve palsy. Br J Rheumatol 1990;29:308-9.

8) Asherson RA, Higenbottam TW, Dinh Xuan AT, Khamashta MA, Hughes GRV. Pulmonary hypertension in a lupus clinic: experience with twenty-four patients. J Rheumatol 1990;17:1992-8

9) Asherson RA, Oakley CM. Pulmonary hypertension and systemic lupus erythematosus. J Rheumatol 1986;13:1-5.

10) Carreras LO, Defreyn G, Machin SJ, et al. Arterial thrombosis, intrauterine death and "lupus anticoagulant". Detection of immunoglobulin interfering with prostacyclin formation. Lancet 1981;1:244-6.

11) Haupt HM, Moore GW, Hutchins GM. The lung in systemic lupus erythematosus: Analysis of the pathologic changes in 120 patients. Am J Med 1981;71:791-8.

12) RS. Kaufmann E, Levy PS. The effect of high doses of calcium channel blockers on survival in primary pulmonary hypertension. N

- Engl J Med 1992;327:76-81.
- 13) Shiohara S. Combined effects of diltiazem and oxygen in pulmonary hypertension of mixed connective tissue disease. J Rheumatol 1994; 21: 1763-5.
- 14) Menon N, Mcalpine L, Peacock AJ, Madhok R. The acute effects of prostacyclin on pulmonary hemodynamics in patients with pulmonary hypertension secondary to systemic sclerosis. Arthritis Rheum 1998;41:466-9.
- 15) Morelli S. Pulmonary arterial hypertension responsive to immunosuppressive therapy in systemic lupus erythematosus. Lupus 1993;2: 367-9.